

Cascade County

Job Vacancy Announcement

Position: Billing/Coding Specialist	Closing Date: November 18, 2016
County Dept.: Community Health Care Center	Dept. Admin.: Leslie Southworth
Type of Position: Full-Time, Permanent	Salary: \$15.00 – 17.00 per hour DOE Union designation to be determined.
Applications available at Cascade County Human Resources Department, www.cascadecountymt.gov or Job Service. All application materials must be turned in to the Cascade County Human Resources Department and date stamped by 5:00 p.m. on the closing date.	

POSITION DESCRIPTION

The Billing/Coding Specialist functions as a member of the billing team under the direct supervision of the Chief Financial Officer. The Billing/Coding Specialist is responsible for performing billing functions to maximize reimbursement for services rendered by providers at the Cascade County Community Health Care Center. The Billing/Coding Specialist billing duties include but are not limited to posting charges, reviewing medical records for complete and accurate coding entry, creating, and reviewing claims for accurate and timely submission, addressing errors and denials accordingly, applying sliding fee discounts and adjustments, generating reports, and ensuring compliance with Federal, State, and other regulatory agencies.

ESSENTIAL JOB DUTIES AND RESPONSIBILITIES

The Billing/Coding Specialist will review medical, dental, and behavioral health records and confirms Provider coding and/or codes claims accurately; post patient charges to the health center payment management system; prepares charges for billing through daily generation and submission of clean claims; performs electronic and paper claim submission and rebilling to maximize reimbursement; accurately posts patient and/or insurance payments, contractual allowances and other adjustments to the payment management system; reviews patient accounts and enters adjustments and refunds appropriately; correctly applies sliding fee discounts, contractual allowances, bad debt write-offs and any other adjustments in compliance with Federal, State and internal policies and procedures; review and address accounts receivables issues, aged accounts, and payer billing problems to maximize revenue and minimize loss; generates reports as needed to track workload, conduct audits, identify potential issues and report progress; verifies audits and corrects patient accounts as needed; verifies ancillary charges with physician orders as needed; manages claims and addresses insurance denials, including but not limited to, research of procedure and diagnosis codes, research of HCPCS codes, coordination of coding, lack of patient demographic information, etc.; interacts professionally with insurance companies and other payers in the accounts receivable follow-up process; interacts with patients in a professional manner, using the highest level of customer service skill, balancing the best interest of the patient and protecting the assets of the health center; generates weekly and monthly reports as requested by supervisor; conducts account and process audits as necessary to ensure correct and compliant coding, charge entry, billing and accounts receivable follow-up; performs all duties and responsibilities in accordance with Cascade County and/or Community Health Care Center policy and procedures, health center requirements, CMS and Medicaid billing rules and all other applicable billing requirements and rules. Performs other work related duties as assigned.

Knowledge and understanding of: Medical terminology; healthcare coding procedures; Medicare and Medicaid billing requirements; insurance eligibility and application of resources for determination; Medicare, Medicaid and third party payer claims management; desire and dedication to work; medical business office procedures; cultural sensitivity; HIPAA Privacy and Security Rules; Microsoft Office (Outlook, Word, Excel, Internet) and electronic medical record and payment management systems; safety policies and procedures.

Skills in: Must be detail oriented and organized; decision making and effective problem solving; effective communication with diverse populations and demographic backgrounds; establishing positive working relationships with other county departments, employees, Federal and State agencies, private agencies, and the general public; computer use to manage data and meet essential job requirements.

Ability to: Develop short and long-term goals to achieve health center and county objectives; communicate effectively orally and in writing; read, understand, and follow written and oral instructions; observe required work hours; demonstrate punctuality; work as a team member collaborating with patients, community resources and partners such as City County Health Department; adapt to changes in the work environment, managing competing demands, and able to change approach or method to best fit the situation; deal with frequent change, delays and or unexpected events; work a flexible schedule to accommodate organizational needs, which may include some evening hours; adhere to a high degree of confidentiality and sensitivity towards patients

involved; maintain confidentiality and compliance with HIPAA privacy and security rules; work with patients with diverse social, economic and cultural backgrounds in an empathic, non-judgmental, respectful and professional manner; work with people from all walks of life, such as individuals with various social and emotional histories, high risk, unemployed, homeless, abused and people with mental health conditions; work independently with little direction but also work as a team; analyze and compile information; occasionally lift up to 50 pounds; pass a criminal background check; meet established timelines and/or deadlines; observe established lines of authority; identify problems that adversely affect the organization and its functions; offer suggestions for improvements.

EDUCATION AND EXPERIENCE

The above is typically acquired through a combination of education and experience. At a minimum, all qualified applicants must have:

Education/Experience/Training:

- High School Diploma or HSE **and** two (2) years of experience in Medicaid and Medicare healthcare billing **with** three (3) years of experience in health care business office administration. FQHC billing experience preferred.

Certifications:

- **CPC coding certification or willingness to obtain within 12 months of hire.**

The successful applicant shall serve a 6-month probationary period and may have a criminal background check conducted. The results thereof may disqualify the applicant from consideration for employment with the county.

Notice to Applicants: Applicants who are claiming Veteran’s or Handicap Preference **must** provide a DD-214 Discharge Document (**Part 4**) or DPHHS Handicap Certification **and** Employment Preference Form with their application for employment so Cascade County may apply the preference during the selection process.

Cascade County makes reasonable accommodations for any known disability that may interfere with the applicant’s ability to compete in the recruitment and selection process or an employee’s ability to perform the essential duties of the job. For Cascade County to consider such arrangements, the applicants must make known any needed accommodations.

CASCADE COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER